

303234

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2021 - 317 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above

(Please type or print)

Submitted by: J & J Safe Medical Transportation

Telephone: 864-421-4961/614-353-9663

Address: 210 Donaldson rd
greenville, SC 29605

Fax: 864-349-1294

Other: _____

Email: jimedtransportation@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

RECEIVED

SEP 28 2021

PSC SC
MAIL / DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 9/21/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. JXJ SAFE MEDICAL TRANSPORTATION, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

210 DONALDSON RD GREENVILLE, SC 29605
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-421-4961 / 614-353-9663 864-349-1294
Phone Fax

jmedtransportation@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$ 148,000	Mortgage/Loan on Real Estate	\$ 92,000
Value of Motor Vehicles	\$ 8,400	Loans Owed on Motor Vehicles	\$ 0
Cash on Hand	\$ 2,850	Business/Other Loans Owed	\$ 0
Cash in Bank	\$ 19,620	Other Liabilities or Debts	\$ 0
Value of Other Assets and Equipment	\$ 4,200	Total Liabilities	\$ 92,000
Total Assets	\$ 183,070		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

Wheelchair - \$25 and 1/2 miles (per)
 stretcher - \$175 and 1/2 miles (per)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input checked="" type="checkbox"/> Abbeville	<input checked="" type="checkbox"/> Cherokee	<input checked="" type="checkbox"/> Florence	<input checked="" type="checkbox"/> Lee	<input checked="" type="checkbox"/> Saluda
<input checked="" type="checkbox"/> Aiken	<input checked="" type="checkbox"/> Chester	<input checked="" type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input checked="" type="checkbox"/> Spartanburg
<input checked="" type="checkbox"/> Allendale	<input checked="" type="checkbox"/> Chesterfield	<input checked="" type="checkbox"/> Greenville	<input checked="" type="checkbox"/> Marion	<input checked="" type="checkbox"/> Sumter
<input checked="" type="checkbox"/> Anderson	<input checked="" type="checkbox"/> Clarendon	<input checked="" type="checkbox"/> Greenwood	<input checked="" type="checkbox"/> Marlboro	<input checked="" type="checkbox"/> Union
<input checked="" type="checkbox"/> Bamberg	<input checked="" type="checkbox"/> Colleton	<input checked="" type="checkbox"/> Hampton	<input checked="" type="checkbox"/> McCormick	<input checked="" type="checkbox"/> Williamsburg
<input checked="" type="checkbox"/> Barnwell	<input checked="" type="checkbox"/> Darlington	<input checked="" type="checkbox"/> Horry	<input checked="" type="checkbox"/> Newberry	<input checked="" type="checkbox"/> York
<input checked="" type="checkbox"/> Beaufort	<input checked="" type="checkbox"/> Dillon	<input checked="" type="checkbox"/> Jasper	<input checked="" type="checkbox"/> Oconee	
<input checked="" type="checkbox"/> Berkeley	<input checked="" type="checkbox"/> Dorchester	<input checked="" type="checkbox"/> Kershaw	<input checked="" type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input checked="" type="checkbox"/> Calhoun	<input checked="" type="checkbox"/> Edgefield	<input checked="" type="checkbox"/> Lancaster	<input checked="" type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input checked="" type="checkbox"/> Fairfield	<input checked="" type="checkbox"/> Laurens	<input checked="" type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Ford	2008/158EC	1FD4E45SX8DB60066		✓
Ford	2010/Starc	1FDFE45S79DA92741		✓

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

JXJ SAFE MEDICAL TRANSPORTATION LLC

Name of Applicant

210 DONALDSON RD GREENVILLE, SC 29605

Address of Applicant

Amount of Premium:

Liability Insurance \$ 1,000,000.15,765.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

TAYLOR AGENCY

Name of Insurance Company

147 Maples Creek Dr Ste 502 Charleston, SC 29412

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

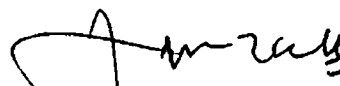
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

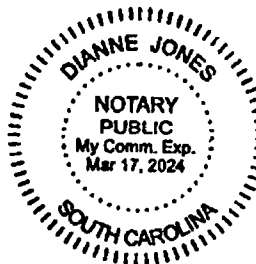
COUNTY OF Greenville)

SWORN TO BEFORE ME

This 20th day of Sept, 2021


Notary Public

Commission Expires 3/17/2024



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

J & J SAFE MEDICAL TRANSPORTATION LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 6th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 29th day
of March, 2021.


Mark Hammond, Secretary of State

**SOUTH CAROLINA LIABILITY INSURANCE
IDENTIFICATION CARD**

An insurance policy has been issued that meets requirements of South Carolina Financial Responsibility Law of 1977.

COMPANY NUMBER 02	COMPANY Berkshire Hathaway Homestate Insurance Company	
POLICY NUMBER 02 APM 027097 - 01	EFFECTIVE DATE 09/15/2021 12:29 PM	EXPIRATION DATE 09/15/2022 12:01 AM
YEAR 2008	MAKE/MODEL FORD E450SD	VEHICLE IDENTIFICATION NUMBER 1FD4E45SX8DB60066

AGENCY/COMPANY ISSUING CARD
Taylor Agency
147 Wappoo Creek Dr Ste 502
Charleston, SC 29412

INSURED
J&J SAFE MEDICAL TRANSPORTATION LLC
210 DONALDSON RD
GREENVILLE, SC 29605

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE
CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhcclaim@bhhc.com

CUT ALONG THIS LINE

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147 Wappoo Creek Dr Ste 502
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YEAR 2009 **MAKE/MODEL** FORD E450SD **VEHICLE IDENTIFICATION NUMBER** 1FDFE45S79DA92741
AGENCY/COMPANY ISSUING CARD
Taylor Agency
147 Wappoo Creek Dr Ste 502
Charleston, SC 29412
INSURED
J&J SAFE MEDICAL TRANSPORTATION LLC
210 DONALDSON RD
GREENVILLE, SC 29605

Report All Accidents To:

1-800-356-5750

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GREENVILLE, SC 29605

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
bhhcclaim@bhhc.com

M-4566a (11/1999) SEE IMPORTANT NOTICE ON REVERSE SIDE
CUT ALONG THIS LINE

CUT ALONG THIS LINE

Account Summary For J&J Safe Medical Transportation LLC

BHHC
Quick

Quote #: 11977387

Status: Approved

Policy Type: AP

Originally Quoted: 8/04/2021 6:15 PM EST
 Quote Printed: 9/14/2021 12:35 PM EDT
 Proposed Effective: 8/06/2021 3:00 AM EST
 Proposed Expiration: 8/06/2022 3:00 AM EST

Commission: 12.50

Quoted By: Vincent Pretto
 Berkshire Hathaway Homestate
 1314 Douglas St
 Omaha, NE 68102

VPretto@bhhc.com

Producer: Taylor Agency
 147 Wappoo Creek Dr Ste 502
 Charleston, SC 29412
 Phone - (843) 762-1805
 Fax - (843) 795-3193

DOT #: Unknown

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	15,201
7	UM - BIPD	25,000/50,000/25,000	464
7	UIM - BIPD	N/A	N/A
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	N/A
	Add'l Ins'd		100
Total			\$15,765.00

Revision: 2SC2020R02

Vehicle Information

BHHC-Rate Version: 8.7.4889.1

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2008 FORD E450SD (60066) Radius: Up to 50 Miles	7,453	227	N/A	N/A	N/A	N/A	N/A	7,680
2 2009 FORD E450SD (92741) Radius: Up to 50 Miles	7,748	237	N/A	N/A	N/A	N/A	N/A	7,985



Berkshire Hathaway
 HOMESTATE COMPANIES

Additional Coverages For J&J Safe Medical Transportation LLC

BHHC Quick

Additional Insured/Waiver of Subrogation	Premium (\$)	100
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<u>Coverage</u>	<u>Number</u>	<u>Premium (\$)</u>
Waiver of Subrogation	0	N/A
Additional Insured	1	100

J&J Safe Medical Transportation LLC
Quote #: 11977387

Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Terms:

- The policy must schedule all owned power units and any power units operating under the insured's authority or DOT.
- Compliance with UM/UIM Limit Requirements.
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Prompt reporting of all new drivers.
- Our policy must schedule all owned power units, and any other power units operating under the insured's authority.
- DOT inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy.
- No short-term leases or trip-leases of 30 days or less. Inform if different.
- Inspections involving unreported power units may jeopardize continued coverage.
- All New Drivers must meet driver guidelines.
- No brokerage authority.
- 12.5% commission
- Single state filings
- New venture
- Subject to 100% of operations occurring within a 50 mile radius
- Subject to a maximum seating capacity of 3
- Subject to scheduled unit having permanently attached disability equipment
- Subject to all rides being prearranged 24 hours in advance
- Subject to no Uber, Lyft, taxi, or similar operation exposure
- No cruising for fares
- Subject to all owned and operated units being scheduled
- Subject to no interchanging units/drivers with any other entity

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

Conditions:

- Completed and Signed Selection/Rejection forms as required by state law.

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Quote is valid through: 10/14/2021

Disclosure Statement: The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.

Schedule of Forms & Endorsements

CA 2189 (12/2013) South Carolina Split Uninsured Motorists Limits
M 5605 (02/2011) Business Auto Coverage Declarations
CA 0001 (10/2013) Business Auto Coverage Form
M 5398 (03/2009) South Carolina Important Notice - Uninsured Motorist
IL 0017 (11/1998) Common Policy Conditions
M 5872 (04/2016) Changes to Common Policy Conditions - Cancellation
CA 2119 (12/2013) South Carolina Uninsured Motorists Coverage
CA 0150 (05/2017) South Carolina Changes
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement
M 4803 (02/1998) Abuse or Molestation Exclusion
M 5603 (03/2017) Policy Jacket
IL 0021 (09/2008) Nuclear Energy Liability Exclusion Endorsement (Broad Form)
M 5887 (05/2016) Additional Insured Endorsement
M 4566a (11/1999) Motor Vehicle Liability Insurance Identification Card
CA 2402 (10/2013) Public Transportation Autos
M 5623 (04/2011) Application of Policy - Financial Responsibility
M 4959a (03/2002) Schedule of Covered Autos
M 5332a (12/2009) South Carolina Changes - Cancellation and Nonrenewal
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
CA 2018 (10/2013) Professional Services Not Covered



Berkshire Hathaway
HOMESTATE COMPANIES

M-5861 01/2021

1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.488.2930 | BHHC.com

09/14/2021

J&J Safe Medical Transportation LLC
210 Donaldson Rd
Greenville, SC 29605

Billing services:

1-877-680-2442

Monday - Friday

7:00 AM - 7:00 PM Central Time

Claim reporting:

1-800-356-5750

24 hours a day

7 days a week

RE: Insurance Quote: 11977387
Proposed Term: 8/6/2021 - 8/6/2022
Writing Company: Berkshire Hathaway Homestate
Insurance Company

To J&J Safe Medical Transportation LLC:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.¹

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s)

Name: James Koppoe
Address: 210 Donaldson Rd
Greenville, SC 29605

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center
P.O. Box 105108 1-800-456-6004
Atlanta, Georgia 30348-5108 www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Berkshire Hathaway Homestate Insurance Company

¹
Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Berkshire Hathaway Homestate Insurance Company

Driver Information for J&J Safe Medical Transportation LLC

BHHC-Rate for South Carolina

Berkshire Hathaway Homestate Insurance Company

Quote #: 11977387

Revision: 2SC2020R02

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>
1 James Koppoe		
2 Jeremiah Taylor		

OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

I. **EXPLANATION OF COVERAGES**

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect *you* in the event *you* are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage.

However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, *you* must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
State of South Carolina Department of Insurance
Capitol Center
1201 Main Street, Suite 1000
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: consumers@doi.sc.gov

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

\$25,000 / \$50,000 / \$25,000 minimum limits of Uninsured Motorist Coverage are automatically provided by your Policy.

<u>Additional Limits of Coverage</u>	<u>Premium Cost</u>
\$30,000/\$60,000/\$25,000	\$ 498
\$50,000/\$100,000/\$25,000	\$ 607
\$50,000/\$100,000/\$50,000	\$ 621
Your Policy's Liability Coverage Limits:	
\$1,000,000	\$ 2,015

☒ I reject additional Uninsured Motorist Coverage

☐ I select additional Uninsured Motorist Coverage at the following limits: _____

III. OFFER OF OPTIONAL UNDERINSURED MOTORIST COVERAGE

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000/\$50,000/\$25,000	\$ 690
\$30,000/\$60,000/\$25,000	\$ 739
\$50,000/\$100,000/\$25,000	\$ 902
\$50,000/\$100,000/\$50,000	\$ 920
Your Policy's Liability Coverage Limits:	
\$1,000,000	\$ 2,989

☒ I reject optional Underinsured Motorist Coverage

☐ I select optional Underinsured Motorist Coverage at the following limits: _____

IV. APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read -- or I have had read to me -- the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

Today's Date: _____



Berkshire Hathaway
HOMESTATE COMPANIES

PO Box 31145 • Omaha, NE 68131
bhhc.com

Direct Bill Payment Plan Options

Date: 09/14/2021

Billing Services:

1-877-680-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

billing@bhhc.com

Applicant Name: **J&J Safe Medical Transportation LLC**

Quote Number: 11977387

Indicated Premium: \$ 15,765.00 (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
Down Payment					
Due at Binding	\$3,153.00	\$3,153.00	\$4,273.00	\$8,198.00	\$15,765.00
Installments *					
Month 1	\$1,261.20	\$2,522.40			
Month 2	\$1,261.20		\$3,830.21		
Month 3	\$1,261.20	\$2,522.40			
Month 4	\$1,261.20				
Month 5	\$1,261.20	\$2,522.40	\$3,830.90	\$7,567.00	
Month 6	\$1,261.20				
Month 7	\$1,261.20	\$2,522.40			
Month 8	\$1,261.20		\$3,830.90		
Month 9	\$1,261.20	\$2,522.40			
Month 10	\$1,261.20				

*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.



Berkshire Hathaway

HOMESTATE COMPANIES

P.O. Box 31145 • Omaha, NE 68131
bhhc.com

Recurring Payments Authorization Form

Billing Services:

1-877-680-2442

7:00 AM - 7:00 PM Central Time, Mon - Fri
billing@bhhc.com

Insured Name: **J&J Safe Medical Transportation LLC**
Quote Number: **11977387**
Agency Name: **Berkshire Hathaway Homestate Companies**

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

Select a Request Type:

Enroll in Recurring Payments ☐

Change Recurring Payments Account ☐

Stop Recurring Payments ☐

(only signature and date required)

Name on Account: _____

Account Holder Address: _____

City/State/ZIP: _____

E-mail Address for Receipts: _____

Enroll using a Checking/Savings Account

Account Type: Checking Account ☐ Savings Account ☐

Bank Name: _____

Routing Number*: _____

Account Number: _____

**Please note that a routing number has exactly nine digits.*

Enroll using a Credit/Debit Card*

Card Type: Visa ☐ Mastercard ☐ Discover ☐ American Express ☐

Card Number: _____

Expiration Date: _____

**A nominal transaction and reversal may appear on your statement due to our validation process.*

Please submit this completed form via one of the following methods:

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- **E-MAIL WILL NOT BE ACCEPTED**

Please Note: Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

*** I authorize National Indemnity Company on behalf of Berkshire Hathaway Homestate Companies to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.***

AUTHORIZED SIGNATURE: _____

DATE: _____



Berkshire Hathaway HOMESTATE COMPANIES

Binding Procedures - Commercial Auto

You may bind coverage for an account for which you have received a formal quote, provided there are no additions, alterations or omissions to any of the terms of the coverage requested, by following the instructions included below. Our premium indications are valid for 30 days.

****New Direct Bill Option - Auto, Cargo, or Garage Only****

Direct Bill account coverage will be bound no earlier than the effective time and date the bind is initiated online.

To bind coverage:

You will receive a link from noreply@bhhc.com. Follow the link in the email to our online binding mechanism. You will then have two options:

1) Pay Now

Down payment must be processed through our online system at the time of bind. If valid payment is not received at time of bind, no coverage will be in effect. Please gather payment information (bank routing #, checking account # or credit/debit card #, expiration date and security code) from the insured before starting the bind process.

2) Pay Within Five Days

Your agency will be directly responsible for all earned premium on the policy. If the down payment is not received by us within five (5) calendar days, a notice of cancellation will be issued for nonpayment of premium.

Premium Financed Policies

Note: Premium Financed policies will be run through our Direct Bill mechanism, but will be on a full payment plan. You may choose to pay now and pay the policy premium in full at time of bind, or pay within five days. The insured will be billed and shall be responsible for any additional premium that is endorsed onto the policy. If the insured elects to premium finance the endorsed premium it is the insured's responsibility to contact the premium finance company.

Questions? Contact P&C Client Services at (877) 680-2442

* Commissions will be paid monthly as payments are received. Commission statements and checks are generated at the beginning of each month.
Berkshire Hathaway Homestate Insurance Company • BHHHC Special Risks Insurance Company • Continental Divide Insurance Company • Cypress Insurance Company • Oak River Insurance Company • Redwood Fire and Casualty Insurance Company